

13 APRIL 2019  
0910 HRS

**POSTMORTEM EXAMINATION  
OF THE BODY OF  
MARVIN HAJOS**

The body is that of a well-developed well-nourished elderly white man measuring 69 inches in length and weighing 200 pounds. It is received without clothing or valuables. Manila identification labels are attached to great toes of right and left feet and additional hospital identification bands encircle left wrist and left ankle.

Body temperature is cold. Full rigor mortis is present in neck, arms and legs and lividity of violaceous hue is seen on posterior dependent surfaces of the body.

A nasogastric tube protrudes from left nostril and an endotracheal tube protrudes from the mouth. A cervical collar encircles the neck. Pulse oximeters are attached to left earlobe and middle digit of left hand. Intravascular lines protrude from punctures in left antecubital fossa (elbow), radial aspect of left wrist and left femoral region of trunk. A urinary catheter protrudes from the urethra. Intraosseous catheters are inserted into punctures in pretibial regions of right and left legs.

A double lumen large caliber intravascular line is seen in left subclavicular region of chest.

A horizontally oriented clam shell incision 57 cm in length extends from left axilla, across anterior chest wall and into right axilla. A chest tube protrudes from an incision in right mid axillary line.

Right upper arm has a 26 cm incision extending from deltoid region to ulnar aspect of right upper arm.

Mid abdomen has a vertically oriented 20 cm incision extending between xiphoid and suprapubic region.

Multiple irregular, linear and curvilinear abrasions and lacerations are present on face, neck, anterior and posterior trunk, arms and legs. Numerous injuries have been sutured or stapled shut.

Right arm has extensive bruising involving axilla and extending down upper arm to the level of the elbow

Injury locations, configurations and sizes of the varied wounds are indicated in diagrams accompanying this report.

No ocular injuries are seen. Conjunctivae are anicteric, irides are blue and pupils are equal, round and 4 mm in diameter.

Reflected scalp has focal soft tissue hemorrhage in low frontal region just above the level of the eyebrows. Underlying bone is intact.

Calvarium and skull base are intact. Brain weight is 1410g. Dura and leptomeninges are unremarkable. Cerebral hemispheres are symmetrical and have normal gyral configurations. Arteries of the Circle of Willis are normally distributed and free of notable congenital anomaly or atheromatous deposit. There is no displacement of brain structures. Multiple coronal cuts through brain and upper cervical spinal cord reveal no other abnormalities.

Oral cavity and neck organ block are free of trauma and obstruction. Thyroid has symmetric lobes of normal size.

Adiposus panniculus has a 5 cm thickness. Right and left pleural spaces contain 500 and 450 ml of blood respectively. Mediastinal soft tissue hemorrhage and soft tissue hemorrhage are also noted.

Sternum has been sawed horizontally through gladiolus sterni. Serial rib fractures are noted anterolaterally in right and left two through four and right rib six is similarly fractured. Slight hemorrhage is noted in soft tissues surrounding the bony breaks.

Chest tube is appropriately positioned in right pleural space and the endotracheal tube is appropriately positioned in tracheal lumen.

Heart weight is 450g. Anterior surfaces of heart have a few focal contusions and there is slight disruption of epicardial fat over the left anterior descending coronary artery.

Coronary circulation is codominant. Large caliber coronary arteries are widely patent. Myocardium is homogeneous red-brown without evidence of recent or remote infarct. Valves and endocardial surfaces are unremarkable. Cardiac chambers are filled with clotted and unclotted blood.

Great vessels entering and leaving the heart and vessels originating from aorta are intact and adequately patent in proximal portions of their distribution.

Descending aorta has multiple discontinuous mural thrombi. Vessels originating from descending aorta are adequately patent in proximal portions of their distribution.

Right and left lungs weigh 440 and 450 grams respectively. Lower lobe of left lung is completely collapsed and airless dark red-purple. Upper lobe of left lung has posterior atelectasis with normal aeration of proximal lobe parenchyma. Right lung has focal atelectasis of posterior lung substance. No antemortem diseases or injuries are identified in either lung or in the mediastinal lymph nodes.

Esophagus has a 3 cm linear submucosal hemorrhage in proximal third and unremarkable mucosal elsewhere. Stomach contains 40 ml of blood and mucin. No intact capsules, tablets or crystalline residues are recovered from stomach or from proximal small bowel. Gastrointestinal mucosa is autolyzed. Vermiform appendix is present. Large bowel contains a moderate quantity of pasty brown mucin.

Liver weight is 1800g. Capsular surface is smooth and glistening; sectioned surface is uniform dark red-brown and smooth. Hepatic parenchyma is slightly softened. Gallbladder contains about 1 ounce of golden brown bile. Extrahepatic biliary tree is patent.

Pancreas and adrenal glands are autolyzed.

Spleen weight is 240g. Capsular surface is smooth and grey; sectioned surface is red-purple. Splenic parenchyma is slightly softened.

Right and left kidneys have a combined weight of 240g. Cortical surfaces are pale and finely granular with a few simple cysts, the largest measuring 3 cm in diameter. Cortices are thinned and the corticomedullary junctions are indistinctly demarcated. There is mild increase in peripelvic fat. Right and left main renal arteries are adequately patent. Pelvocalyceal systems and ureters are unremarkable. Urinary bladder contains 20 ml of straw colored urine. Prostate is mildly enlarged with a rubbery firm bulging central zone and compressed peripheral rim. External genitalia are normal male.

No other recent bony injuries are identified in axial skeleton or in appendicular skeleton.

Sections of brain and heart reveal no evidence of acute or remote ischemic injury. A small focus of hemorrhage in epicardial fat is noted in one heart section.

Adrenal gland cross sections reveal autolytic changes and a circumscribed but not encapsulated focus of bland cortical cells in one of two adrenals.

Lung sections have marked generalized vascular congestion and focal atelectasis.

Kidneys have a moderate degree of arteriosclerosis, patchy interstitial fibrosis, marked autolysis of proximal convoluted tubules, focal periglomerular fibrosis and several small obsolescent glomeruli with associated chronic interstitial inflammation.

Liver has minimal chronic triaditis without interface hepatitis or bridging fibrosis.

Hepatocyte cords are intact.

Pancreas is markedly autolyzed.

Quadrants of a mid prostate cross section are negative for acinar adenocarcinoma.

**AUTOPSY FINDINGS**

1. ABRASIONS, SUPERFICIAL PUNCTURES AND LACERATIONS INVOLVING HEAD, NECK, TRUNK, ARMS AND LEGS
2. STATUS POST REPAIR OF BRACHIAL ARTERY INJURY, EXPLORATORY THORACOTOMY AND EXPLORATORY LAPAROTOMY
3. MILDLY ENLARGED HEART (450g) WITH WIDELY PATENT CORONARY ARTERIES
4. AORTIC ATHEROSCLEROSIS WITH NUMEROUS MURAL THROMBI
5. NEPHROSCLEROSIS, MODERATE
6. HEAVY LUNGS WITH NONSPECIFIC CONGESTION AND VARIABLE ATELECTASIS
7. ENLARGED PROSTATE WITH NODULAR HYPERPLASIA

**PROBABLE CAUSE OF DEATH:** INJURIES SUSTAINED IN ATTACK BY CASSOWARY

**MANNER OF DEATH:** ACCIDENT

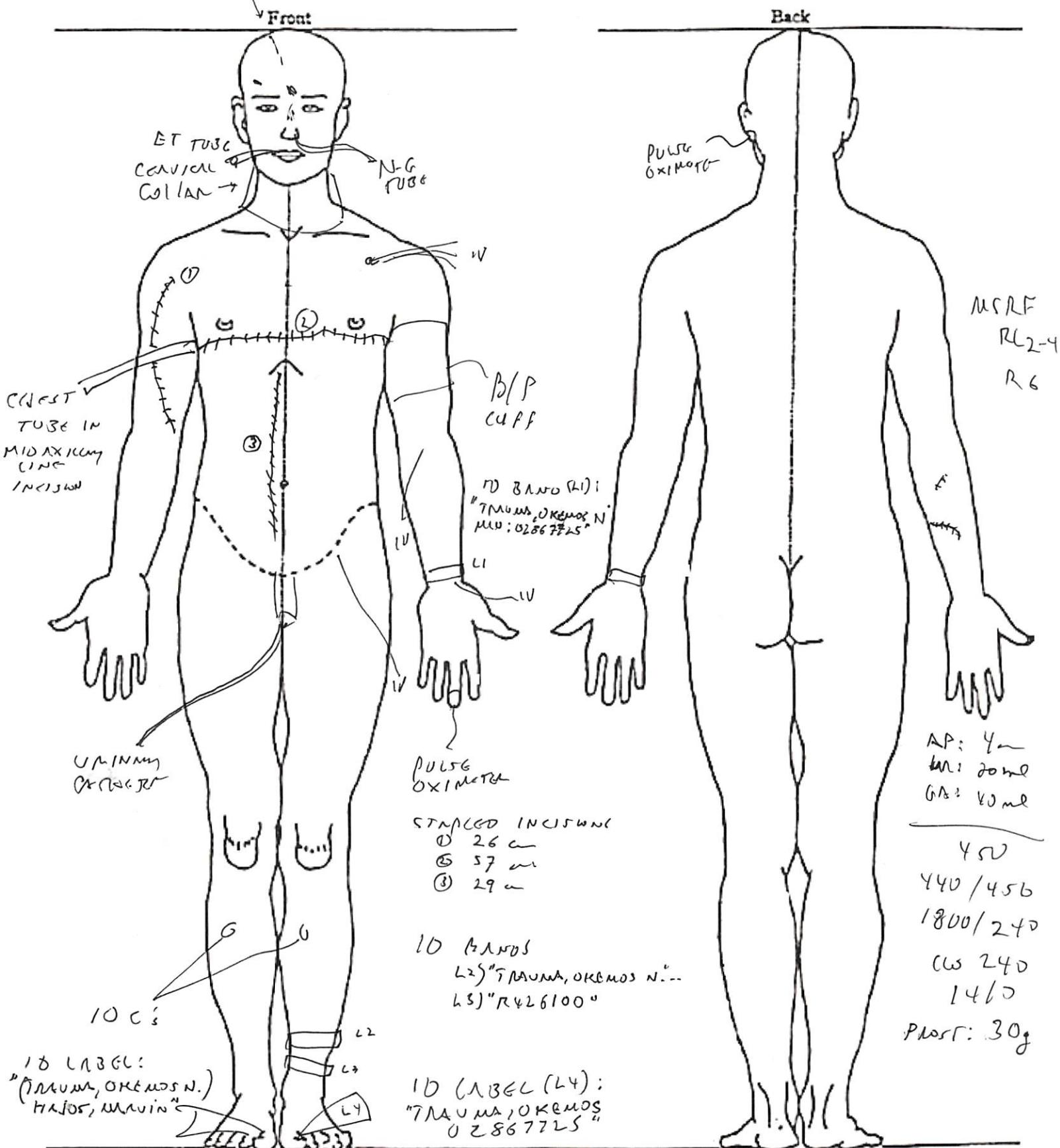


WILLIAM F. HAMILTON, M.D.

WFH/mb



26 June 2019

LINEAR  
ABERRATIONPrisoner: Infectious: 

John F. Han (Signature)

Date Body Viewed:

13 APRIL 2019

Time:

0910

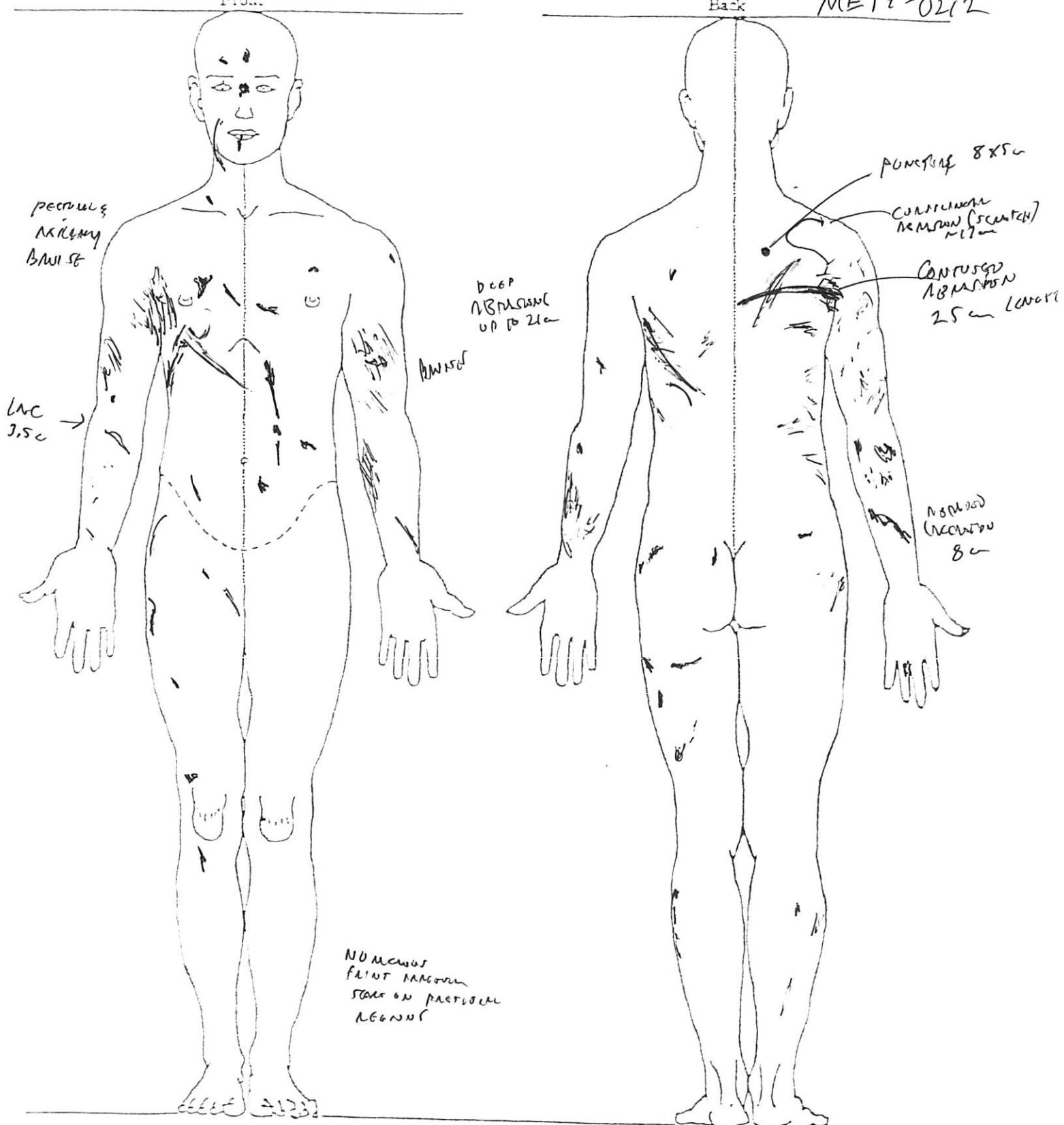
District Eight Medical Examiner  
3217 SW 47th Ave.  
Gainesville, FL 32608

BODY DIAGRAM

Front

Back

ME 19-0212



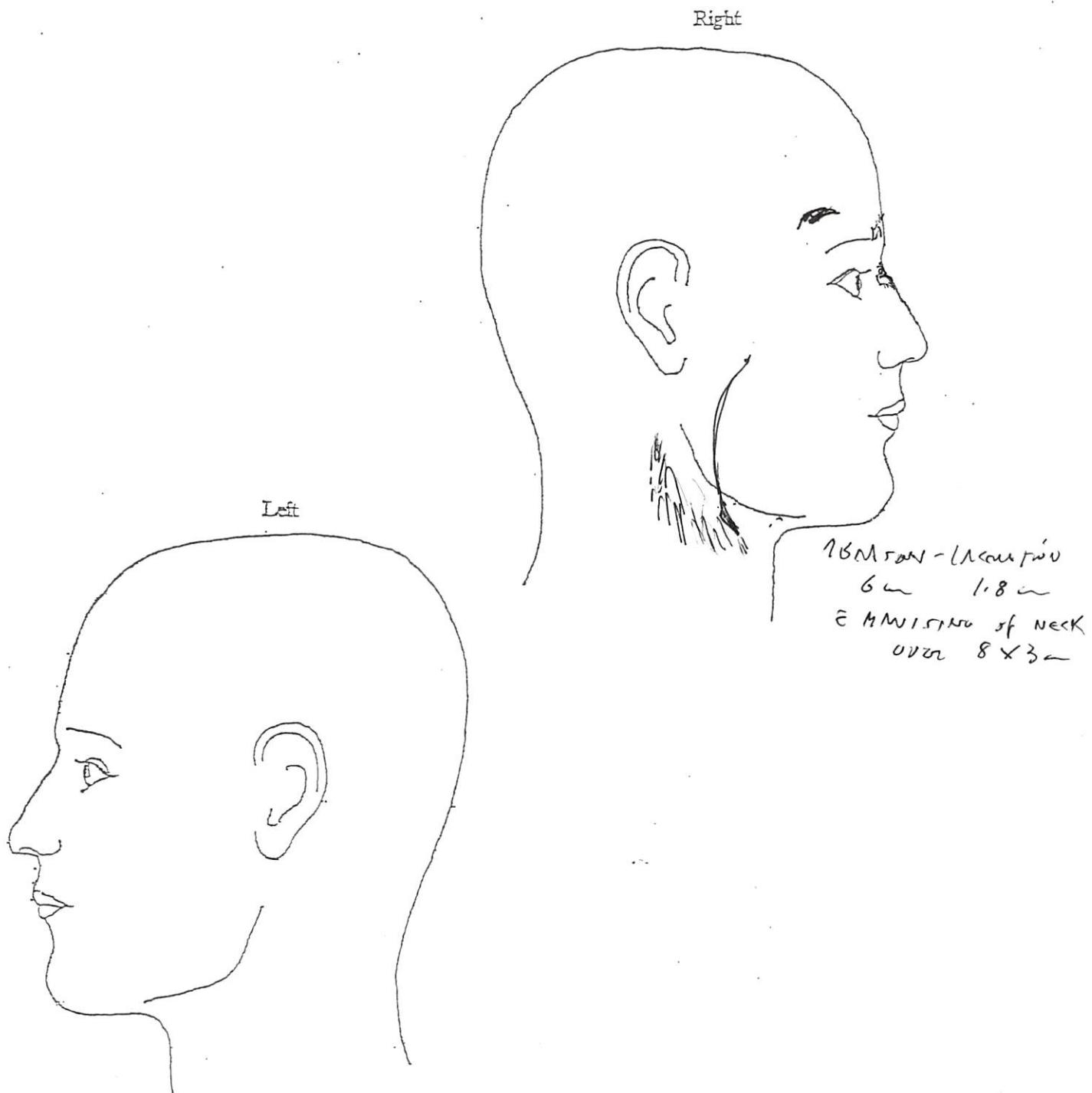
Decedent's  
Height 69 inches  
Weight 200 pounds

Name HAGUE, MARVIN  
Examined Andrea L. H. 13 APRIL 2019  
0910

District Eight Medical Examiner  
3217 SW 47th Ave.  
Gainesville, Fl. 32608

BODY DIAGRAM—HEAD

ME 19-0212



Decedent's Name ABIOS, MARVIN

Examined

By Andrea Han/Coron M

Date 13 APRIL 2019

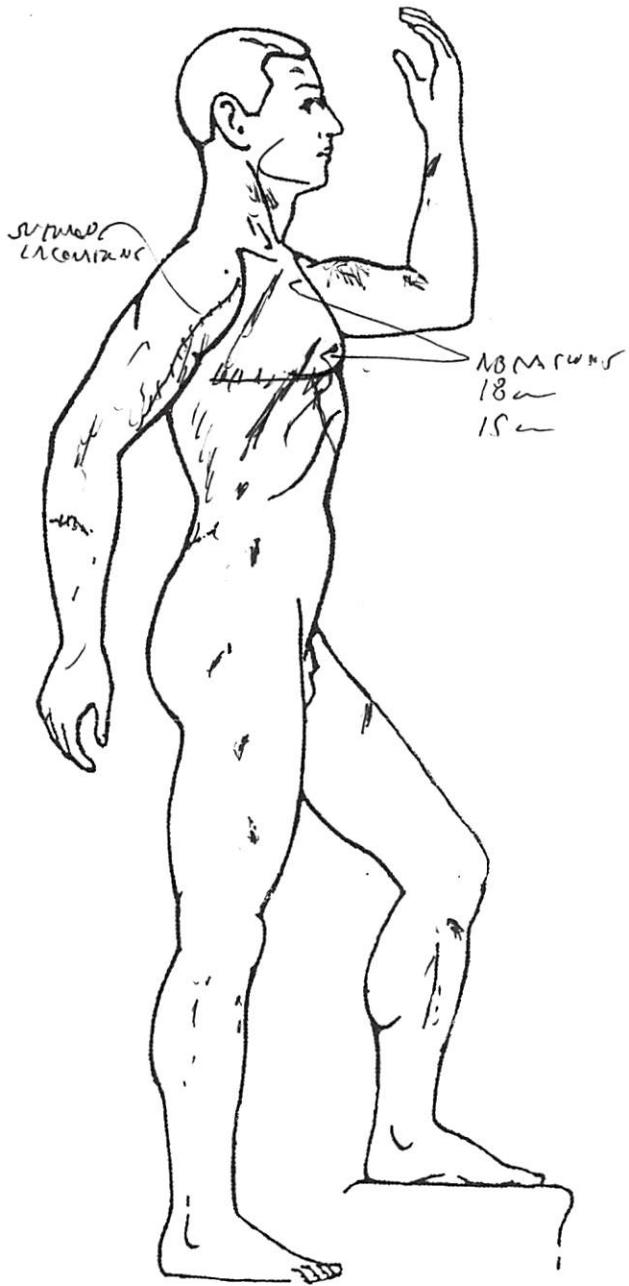
OFFICE OF THE MEDICAL EXAMINER

606 SW 3 Ave.

GAINESVILLE, FLORIDA 32601

**FULL BODY SIDE VIEW**

NAME HATOS, MARVIN M.E CASE NO. MET 9-0212  
AGE 75 RACE W SEX M HEIGHT 69" WEIGHT 200lb



**- CONFIDENTIAL -**

**University of Florida Pathology Laboratories**  
Department of Pathology and Laboratory Medicine  
4800 SW 35th Drive  
Gainesville, FL 32608  
Phone: 352-265-9900 Fax: 352-265-9904

Page: 1 of 1

LAB NUMBER: R19-00774  
NAME: Hajos, Marvin  
CASE NO: 19-212  
RECEIPT DATE: 04/16/2019

**Forensic Toxicology Laboratory**

**SUBMITTER:** Dr. William Hamilton, District 8 Medical Examiners Office, 606 SW 3rd Avenue, Gainesville, FL 32601.  
**SPECIMENS RECEIVED:**

- A. Blood, subclavian
- B. Urine
- C. Vitreous Humor
- D. Stomach Contents

	<u>Analyte</u>	<u>Qualitative Results</u>	<u>Quantitative Results</u>
<b>VOLATILES</b>			
A. Blood	None Detected		
B. Urine	None Detected		
<b>COMPREHENSIVE DRUG SCREEN</b>			
A. Blood	Verapamil	Positive (trace)	<i>Reviewed 19 June 2019 WT</i>
B. Urine	Verapamil	Positive	
	Norverapamil	Positive	

**RESULT CERTIFICATION:**

Results Certified by:

Bruce A. Goldberger

Bruce A. Goldberger, Ph.D., F-ABFT  
Director of Toxicology & Professor

05/14/19 [ 0001 ]

R1900774 - 01/ BG  
PRINTED: 05/14/19

*Reviewed  
15 May 2019  
WT*